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**DECLARATION FOR
UTILITY OR DESIGN
PATENT APPLICATION**

☐ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing

Attorney Docket Number

2618-102-PCT

First Named Inventor

SIM, Gek-Kee

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As below named inventor, I hereby declare that::

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed for which a patent is sought on the invention entitled:

"T CELL RECEPTOR PROTEINS, NUCLEIC ACID MOLECULES, AND USES THEREOF"

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on
(MM/DD/YYYY)

29 July 1999

as United States Application Number or PCT International

Application Number

PCT/US99/17309

and was amended on
(MM/DD/YYYY)

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any Pct international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below

Application Number(s)	Filing Date (MM/DD/YYYY)		
60/094,506	July 29, 1998	<input type="checkbox"/>	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231.

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DECLARATION

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I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States of PCT international application in the manner provided by the first paragraph of Title 35, United States Code § 112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Firm Name **SHERIDAN ROSS P.C.** Customer Number or label
☐ List attorney(s) and/or agent(s) name and registration number below:

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☒ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto

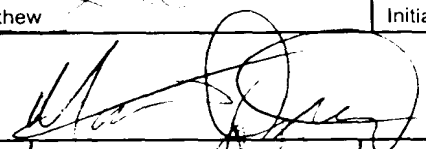
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
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Inventor's Signature			Date
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☐ Additional inventors are being named on supplemental sheet(s) attached hereto.

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DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet						
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor											
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Applicant Authority		USA														
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Given Name					Middle Initial				Family Name				Suffix e.g. Jr.			
Inventor's Signature										Date						
Residence City					State				Country				Citizenship			
Post Office Address																
Post Office Address																
City					State				Zip				Country			
Applicant Authority																
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name					Middle Initial				Family Name				Suffix e.g. Jr.			
Inventor's Signature										Date						
Residence City					State				Country				Citizenship			
Post Office Address																
Post Office Address																
City					State				Zip				Country			
Applicant Authority																
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name					Middle Initial				Family Name				Suffix e.g. Jr.			
Inventor's Signature										Date						
Residence City					State				Country				Citizenship			
Post Office Address																
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City					State				Zip				Country			
Applicant Authority																

[] Further applicants and/or (further) inventors are indicated on another continuation sheet

